



PUBLIC HEALTH

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Is it Health Care Reform OR Health System Transformation?

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Presentation Overview

- Why do we need health reform?
- High Level Review of the Affordable Care Act
- Washington State Agency Roles
- Department of Health Role
- Potential Opportunities for Public Health
- Challenges and Tensions
- Questions

Why do we need health reform?

Too many people
lack health
coverage and care

System focuses on
treatment instead of
prevention

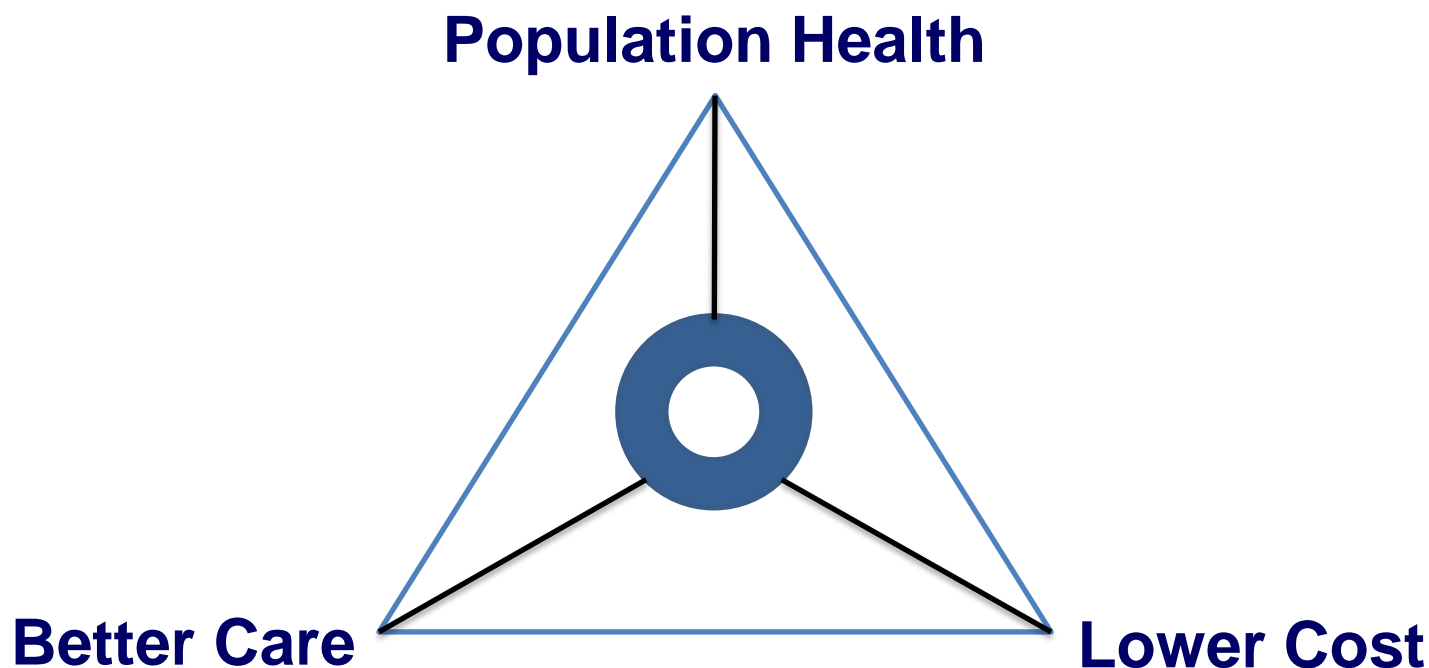
Lack of attention to
health disparities

Inefficient delivery
and payment
system

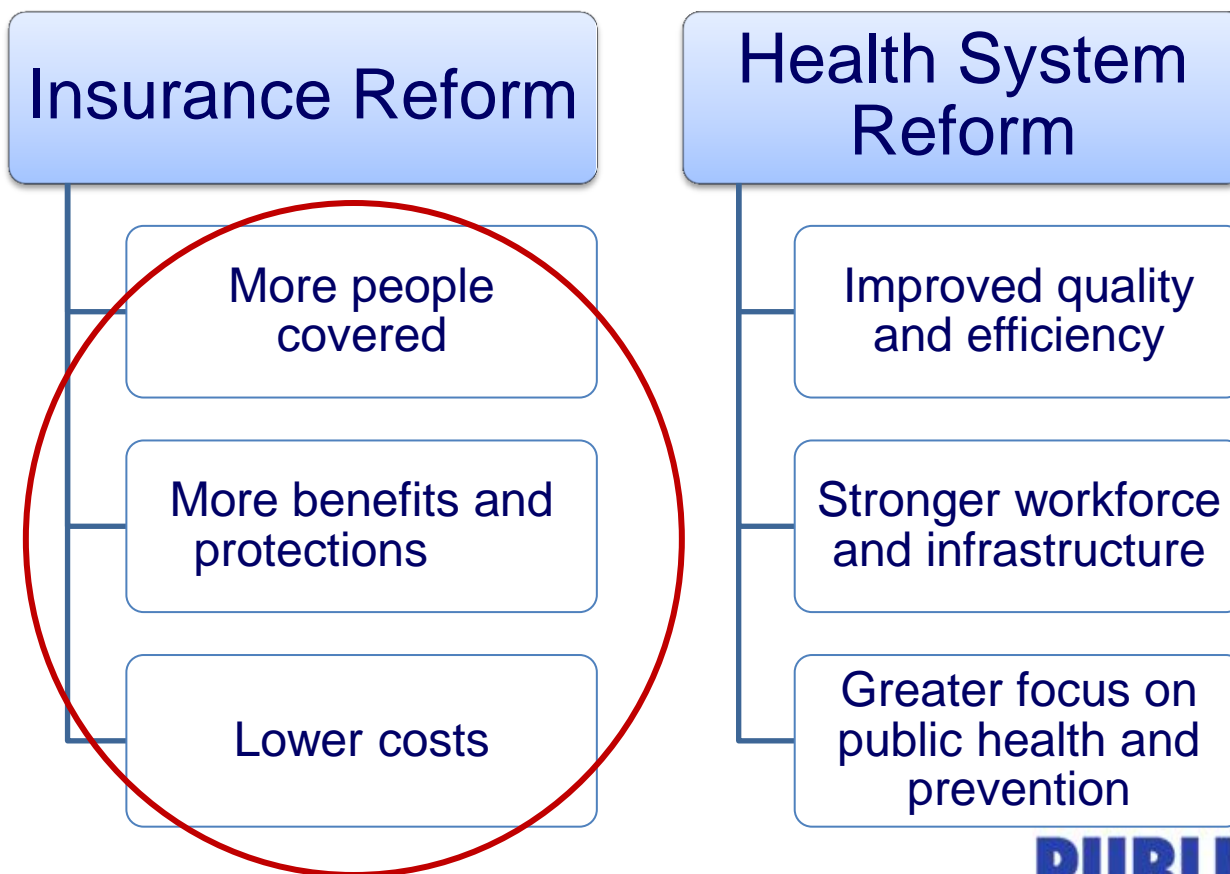
U.S. healthcare
spending is
unsustainable

Low-ranking U.S.
health outcomes

Three Dimensions of Value: Triple Aim



Affordable Care Act Summary



Affordable Care Act in a Nutshell

Minimum essential coverage requirement

Private market reforms

Health insurance exchanges/marketplaces

Medicaid expansion

Health system reform – focus on public health, prevention, and evidence-based care

State Agency Roles

Health Care Authority (HCA)

- Medicaid Agency (including expansion)
- Governs Managed Care Plans
- Houses the Take Charge program

Department of Social and Health Services (DSHS)

- Regional Support Networks
- Health Path Washington
- Adult Quality Metrics

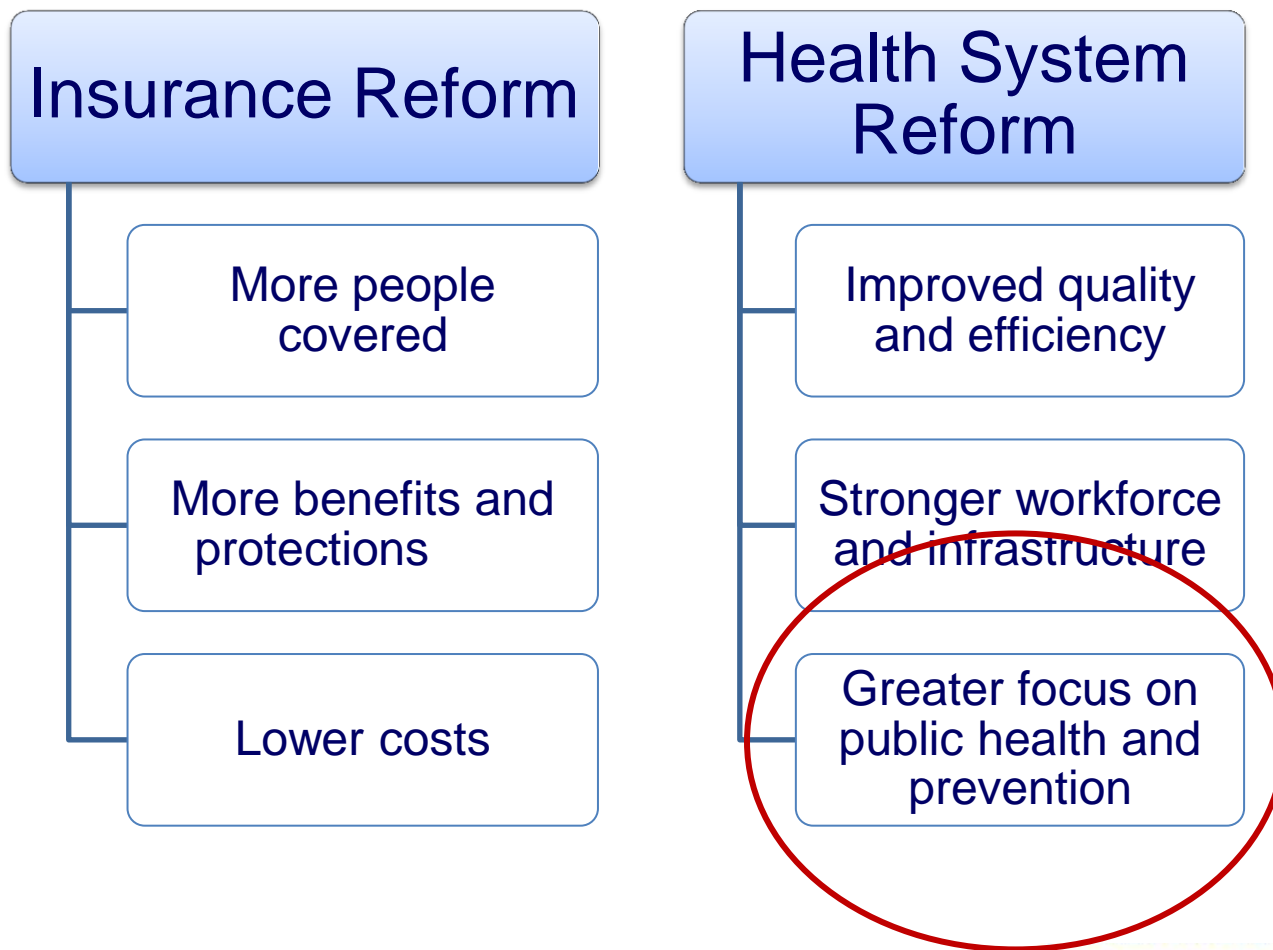
Health Benefits Exchange (HBE)

- Public-Private Agency – governs insurance marketplace
- Has approval over plans offer
- Assisters

Office of the Insurance Commissioner (OIC)

- Passed the Essential Health Benefits rules
- Approves plans to be offered on the Exchange
- Takes complaints about noncompliant insurance plans

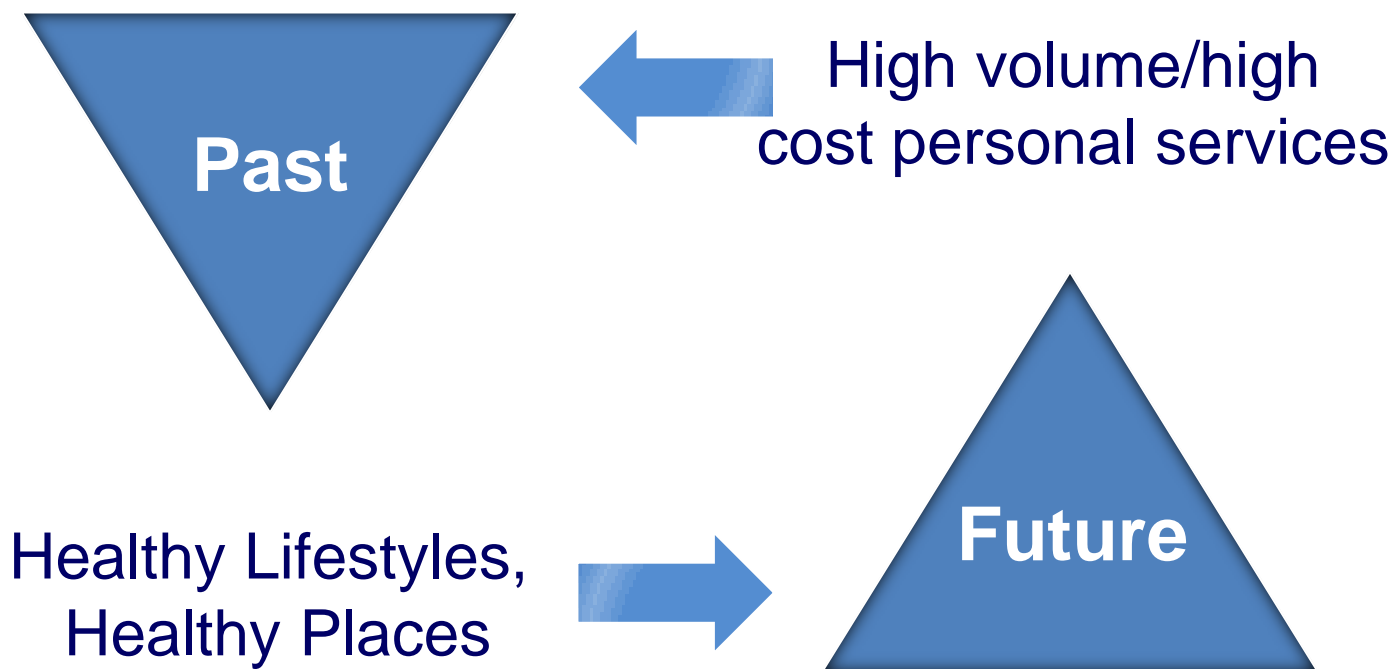
Health System Reforms: Public Health, Workforce and Infrastructure Provisions



“Simply put, in the absence of a radical shift towards prevention and public health, we will not be successful in containing medical costs or improving the health of the American people.” - *President Obama*



Norms Shift: Improved Population Health



Unprecedented Resources to Prevent Illness & Keep People Healthy

- National Prevention Strategy
- Community Transformation Grants
- Community Benefits Accountability
- Expanded Insurance Coverage
- Prevention Services/Screenings
- Innovation Models to improve care
- Targeting Health Equity
- Health Workforce Incentives
- Health Homes



Department of Health

Contribution to Triple Aim

Better Care

SAFETY, EFFECTIVENESS, TIMELY, PATIENT CENTERED, EQUITABLE & EFFICIENT

- Patient Safety/Adverse Events
- Health Professional Shortage Area
- Washington Health Care Improvement Network
- Convening health plans to identify best practice tools
- Metrics
- Community Clinical Linkages Community Health Worker/Diabetes Prevention Program

Improved Health

ADDRESSING THE UPSTREAM CAUSES OF POOR HEALTH

- Healthy Communities
- Community Transformation Grants
- Community Health Needs Assessments
- Health Impact Assessments
- Health Promotion

Lower Cost

ELIMINATING WASTE AND INEFFICIENCY

- Prescription Monitoring
- Transitions - reducing readmissions
- Perinatal Collaborative
- Health Information Technology

Potential Opportunities to Improve Population Health through ACA Implementation

- Community Benefit – Needs Assessment
- Participate in Accountable Care Organizations (Regional Health Alliances)
- Care Coordination Teams
- Community Health Workers
- Community Clinical Linkages
- Healthy Communities

Potential Opportunities to Improve Population Health through ACA Implementation (cont'd)

- Work with providers to Integrate Population Health
- Consumer Education (culturally appropriate)
- Improve Quality of Care
- Measure/Work to Assure Safety Net and Access to Care
- Workplace Wellness
- Increase Workforce Capacity



Challenges to Pop. Health Under ACA

- Health care is better understood (valued) by the public than population health.
- Health care and population health are unequal partners in resources and political clout, and their aims are not aligned.
- Governmental public health already does not sufficiently protect the public.
- ACA implementation could shift some traditional PH / pop health services (and resources) into the care delivery system.



Tensions

- ACA implementation “sucks all the air out of the room”
- Change resisted—especially if \$\$ at risk
- Limited resources pits care (especially for remaining uninsured) against prevention
- High bar and short timelines for prevention (business case)
- Plowing “savings” into prevention - an uphill battle

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Questions?

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